

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE					
							APPLICANT(S)							
							CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	i						51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10	1						60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
21	i						71							
22							72							
23							73							
24							74							
25	1						75							
26	1						76							
27	1						77							
28	1						78							
29	1						79							
30	1						80							
31	)						81							
32	1						82							
33	)						83							
34	1						84							
35	1						85							
36	1						86							
37	1						87							
38							88							
39							89							
40							90							
41							91							
42		1					92							
43		1					93							
44	1	1					94							
45	1						95							
46	1						96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	88		↓				TOTAL IND.			↓				
TOTAL DEP.	38		←		↓		TOTAL DEP.			←		↓		←
TOTAL CLAIMS	116						TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS